Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>3/25/2010</u>	Address:	<u>105W SR 4</u>
Case #:	22f45554		Hudson IN 46747
County:	<u>Steuben</u>		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
Chemic	onal Lab al/Glassware/Equipment (only) ite (only)	☐ Residence ☐ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
(check all the Lithium Red Photosite Anhydrocom Corrosite Corrosite Lithium Check all the Lithium Red Photosite Lithium Red Photosi	nd: Location (bedroom, kitchen, open as nat apply) n/Ammonia Reaction(s): Car osphorous/Iodine Reaction(s): able Solvents: Car Reactive Metal (Lithium): ous Ammonia: hloric Acid Gas Generator(s): Car ve Acid: Car ve Base: item and location):	ir, etc)	
Yes No *If yes, fax re	er age 18 discovered (check one) (number present) eport to Child Protective Services et is to be faxed to the following ager	☐ Ephedrin ☐ Retail/M ☑ Other: <u>St</u> e	
	ment: Hudson VFD		
-	partment: Steuben Co	Fax: <u>2605873767</u> Fax: <u>(260) 665-1418</u> Fax:	
-	ection Service:		
Cimu Fiote	action service.		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Matt Lazoff Phone 5742062931			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

 This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.